



BOARDING ADMITTANCE

Name: _____ Pet's Name: _____
Address: _____ Breed: _____
City, Zip: _____ Age: _____ Sex: _____
Home Phone: _____ Color: _____ Weight: _____
Check-in date: _____ Check-out date: _____
Emergency phone number: _____

If you have multiple pets boarding, can they board together (same species only): ___ Y ___ N

In the event your pet will not eat the food you brought or the food regularly provided by this clinic for more than 24 hours, we will provide them with other foods available to entice them to eat. **There is an additional charge for this; either the cost of the food used or a supplemental feeding charge of \$2.50 per day.** Please choose an option below:

- Call me before providing other foods.
- Provide special diets as directed by the veterinarian, you do not need to contact me for approval.

We cannot guarantee items left with your pet during boarding will be returned; please do not leave items that are not replaceable. _____ (*initial acceptance*)

All pets staying with us must be current on required vaccines and tests according to our standards; any needed services can be performed upon admission. Proof of current status must be provided the day of admission or the required service will be performed and charged to your account. _____ (*initial acceptance*)

Pets found to have intestinal parasites or fleas will be treated with appropriate medications and the cost will be added to your account. _____ (*initial acceptance*)

Should injury or circumstance warrant the need for emergency services, we will attempt to contact you at the emergency number provided prior to treatment but will exercise the option to proceed as needed if you cannot be reached. By initialing, you agree to accept charges for emergency care. _____ (*initial acceptance*)

Holidays Only: There will be a \$25.00 per night additional charge if your pet stays beyond the departure date noted above.

Please sign that you understand and accept responsibility for this additional holiday charge. _____ (*sign*)

Feeding Instructions:

_____ Use kennel food _____ I brought food

If you are providing your pet's food, what brand is it? _____

How much should we feed? _____ How often? _____

Last time your pet was fed: _____



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Medications:

In the event that medications need to be given, please complete the information below:

Medication Name: _____ Dosage: _____ Frequency: _____ Last Dose: _____

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Items left with your pet: _____

Please be advised that Colony Park Animal Hospital is not responsible for items left with your pet from damage, soiling, or loss.

Special Instructions:

Please note any special needs your pet may have or conditions that should be attended to by a veterinarian while boarding:

*We would like to take this opportunity to thank you for choosing Colony Park Animal Hospital for the care of your pet.
We appreciate you and your pet!*